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CONFIRMATION NO. 3518

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## APPLICANTS

Alexander Karl Huwig, Horgen, SWITZERLAND;  
 Norbert Moszner, Eschen, LIECHTENSTEIN;  
 Frank Zeuner, Vaduz, LIECHTENSTEIN;  
 Volker Rheinberger, Vaduz, LIECHTENSTEIN;

\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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|   |                                 |                        |                       |                            |
|---|---------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>SWITZERLAND | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>27 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                 |                        |                       |                            |
| Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>   |                                 |                        |                       |                            |

## ADDRESS

Nixon Peabody LLP  
 Clinton Square  
 P.O. Box 31051  
 Rochester, NY 14603-1051

## TITLE

Acid-containing desensitization agents for teeth

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|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>876 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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